Application for Temporary Campground License

Name of temporary campground:				
Location:				
Owner:				
Mailing address:				
(Street, PO Box)	(Town)	(State)	(Zip Code)	
Contact Person:		Phone number:		
		Date of Application:		
Reminder: A temporary camp Section 10.E. of rules).	ground can operate for no n	nore than 12 days in a cale		
T lease in				
Daialria a veratam	Campground Inform			
Drinking water:		Type of sewage disposal provided:		
Public Utility:		Public Utility		
Private Source:		Private Sewer		
Dug well	Sep	Septic Systems		
Drilled well	Ho	Holding Tanks		
Other source		Other method		
(Please explain other sources		ease explain other method		
electrical and water hookups station(s) are located and loc lavatories, and showers. Also	ounds showing camping area and sewer hook-ups, if any a ation of restroom facilities in o include number of portable any drinking water wells and	are provided. Indicate who acluding number of toilets toilets and show location	ere dump , urinals, s on site plan. Site	
 The above completed app A check payable to Treasu A site plan of the fair ground 	rer of State for \$125.		nd license:	
Division of Health Insp 11 State Hou	of Health and Human Ser Environmental Health ection Program use Station E 04333-0011	rvices		

Issuance of license is subject to a satisfactory compliance inspection. NOTICE: Incomplete applications will be returned.